At-Risk Groups

Certain eye diseases and conditions may occur with higher incidence in some population groups. Race, gender, family history, or age may place a person at higher risk for vision-impairing or vision-threatening disorders. These individuals at higher risk for eye disease should get a dilated eye examination by an optometrist to detect signs of these conditions and to prevent permanent damage.

In the United States, diabetes is responsible for 8 percent of legal blindness, making it the leading cause of new cases of blindness in adults 20-74 years of age. Every year, from 12,000 to 24,000 people lose their sight because of diabetes-related vision problems.

Glaucoma, cataracts, and corneal disease are more common in people with diabetes and contribute to the high rate of blindness. In fact, people with diabetes are almost twice as likely to develop **glaucoma** and **cataracts** than are people without diabetes. The longer someone has had diabetes, the more common it is for individuals to have glaucoma. Risk also increases with age. People with diabetes also tend to get cataracts at a younger age and have them progress faster. Finally, the longer someone has had diabetes, the more likely they are to have **diabetic retinopathy**, a term for all disorders of the retina caused by diabetes.

Race

African Americans: Approximately 2.3 million or 10.8 percent of all African Americans have diabetes, however, one-third of them do not know it. African Americans are 1.7 times more likely to have diabetes than non-Latino whites. Twenty-five percent of African Americans between the ages of 65 and 74 have diabetes and twenty-five percent of African American women over age 55 have diabetes. African Americans are twice as likely to suffer from diabetes-related blindness. In addition, glaucoma is the leading cause of blindness in this population. The disease is six to eight times more prevalent and causes blindness six times more often in African Americans than in the general population.

Hispanics / Latinos: The prevalence of Type 2 diabetes is two times higher in Latinos than non-Latino whites. Just over 10 percent (1.2 million) of all Mexican Americans have diabetes. Approximately 24 percent of Mexican Americans and 26 percent of Puerto Ricans between the ages of 45-74 have diabetes. Nearly 16 percent of Cuban Americans between the ages of 45-74 have diabetes. The prevalence of diabetic retinopathy in Mexican Americans is 32-40 percent.

Native Americans: Diabetes has reached epidemic proportions among Native Americans. Prevalence of Type 2 diabetes among Native Americans is 12.2 percent for those over 19 years old. One tribe in Arizona has the highest rate of diabetes in the world with about 50 percent of the adults between age 30 and 64 having diabetes. Complications from diabetes are major causes of death and health problems in most Native American populations. Diabetic retinopathy occurs in 18 percent of Pima Indians and 24.4 percent of Oklahoma Indians.

Caucasian Americans: The incidence of age-related macular degeneration (AMD) is higher in Caucasians than African Americans and Asians, among whom it has been reported to be rare.

Asians: The prevalence of myopia (nearsightedness) increases in school-age children and young adults from birth; it reaches 20-25 percent in the mid to late teenage population and 25-35 percent in young adults in the United States and developed countries. It is reported to be higher in some areas of Asia.

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At-Risk Groups *continued*

Gender:

Women: Early studies showed that females have a higher incidence of age-related macular degeneration (AMD) than males, but this may have been attributed to greater life expectancy. Females also demonstrate an earlier age of onset of AMD.

Some studies have found a slightly higher prevalence of myopia in females than in males.

Family History:

Myopia: Studies have shown a 33-60 percent prevalence of myopia in children whose parents both have myopia. In children who have one parent with myopia, the prevalence was 23-40 percent. Most studies found that when neither parent has myopia, only 6-15 percent of the children were myopic. A difference in the prevalence of myopia as a function of parental history exists even for children in their first few years of school.

Glaucoma: Close relatives of people with primary open angle glaucoma have a 3-6 times higher incidence of the disease. The risk may be greater in siblings than in parents or children.

AMD: Some genetic predisposition for AMD seems to exist, and 10-20 percent of patients with AMD have at least one first-degree family member with vision loss. Studies have reported AMD with vision loss in at least one parent or sibling of affected patients.

Age:

Over 40: You don't have to be a senior to have a cataract. In fact, some people between age 40 and 50 can have an age-related cataract, but these cataracts are mild and do not yet affect vision.

Myopia is somewhat less prevalent in the population over age 45 years, reaching about 20 percent in 65-year olds, and decreasing to as low as 14 percent of persons in their seventies.

Over 60: At this point, most cataracts begin to affect vision. In addition, age is a significant risk factor with AMD, but not a guarantee. However, it is likely that the number of people with AMD will increase dramatically as the number of seniors in the United States increases. Because some types of AMD begin at a later age, increased longevity may result in a higher incidence of vision loss from this disease.

Statistical information regarding diabetes compiled by the American Diabetes Association.